

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/06/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157596		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 09/06/2013	
NAME OF PROVIDER OR SUPPLIER INCARE HOME HEALTHCARE INC				STREET ADDRESS, CITY, STATE, ZIP CODE 425 JOLIET ST STE 312 DYER, IN 46311			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
{G 000}	<p>INITIAL COMMENTS</p> <p>This was an offsite revisit for a home health federal complaint investigation completed August 9, 2013.</p> <p>Complaint IN00133861 - Substantiated: Federal deficiencies related to the allegation are cited.</p> <p>Survey Date: September 6, 2013</p> <p>Facility #: 007377</p> <p>Medicaid #: 200873250</p> <p>Surveyor: Joyce Elder, MSN, BSN, RN Public Health Nurse Surveyor</p> <p>Incare Home Healthcare Inc. is precluded from providing its own home health aide training and competency evaluation program for a period of 2 years beginning August 16, 2013, to August 16, 2015, due to being found out of compliance with the Conditions of Participation 42 CFR 484.20 Reporting OASIS Information.</p> <p>Incare Home Healthcare is in compliance with the Condition of Participation 42 CFR 484.20 as a result of this survey</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN September 6, 2013</p>			{G 000}			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.